

Instructions for State Form 56553 (R3 / 5-19)**Thirty (30) Day Notification of Intent to Close****May 2019**

The *Thirty (30) Day Notification of Intent to Close* form must be completed for any location prior to permanently closing registered underground storage tank systems.

Please fill out each section fully unless specified below, even if the UST Owner, UST Operator, and Property Owner are the same entities. The sections shall be completed fully with the entity information and “Same as” will not be accepted. IDEM has found that past forms completed with “same as” often caused confusion later when trying to determine eligible party information for the Excess Liability Trust Fund. If any required portions of this form are not completed, a Notice of Deficiency indicating deficient regulatory obligations will be sent.

Agency Interest ID Number

Enter the Agency Interest ID number that is assigned to this location. If the Agency Interest ID number is unknown or one has not yet been assigned, then leave blank.

Facility ID Number

Enter the Facility ID number that is assigned to this location.

Owner Entity Number:

Enter the UST Owner Entity Number that is assigned to the company or individual who is the UST Owner at the facility. If the UST Owner Entity Number is unknown or one has not yet been assigned, then leave blank.

A. Type of Proposed Closure

Mark the type of closure that will be performed for Tank(s), Piping and Dispenser(s). Enter the number of tanks, piping lines and dispensers to be closed. If the type of closure proposed is In-Place Closure, a site assessment work plan with site map indicating proposed boring locations and an approval letter from Indiana Department of Homeland Security (IDHS) must be submitted with the form.

B. Facility Name / Location

Enter the current name of the business, the full 911 address, and telephone number for the facility. The parcel number is required and may be found on the property report or property card available on most county assessor websites, or the county assessor's office can be contacted for the information. IDEM requires the geographic location of the facility in Latitude/Longitude - Decimal Degrees (to six significant digits). Example: Latitude: 39.769063, Longitude: - 86.164815. There are several smartphone [tools or] apps with GPS capability available for download.

C. UST Owner

Enter information regarding the company or individual that is the UST Owner. UST Owner updates cannot be processed as a part of an intent to close. If an UST Owner update is necessary, please complete and submit the *Notification for Underground Storage Tanks*, State Form 45223 prior to submitting in your closure report.

D. UST Operator

Enter information regarding the company or individual that is the UST Operator. UST Operator updates cannot be processed using this form. If an UST Operator update is necessary, please complete and submit the *Notification for Underground Storage Tanks*, State Form 45223 prior to or simultaneously with this form.

E. Property Owner

Enter information regarding the company or individual that is the Property Owner. Property Owner updates cannot be processed using this form. If a Property Owner update is necessary, please complete and submit the *Notification for Underground Storage Tanks*, State Form 45223 prior to or simultaneously with this form.

F. UST Owner Certification

Enter the UST Owner's authorized representative name, title and company name (if the UST owner is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted and original wet ink signatures are not required. If the UST owner is an individual and not a company, the UST owner must sign the certification.

G. UST Operator Certification

Enter the UST Operator's authorized representative name, title and company name (if the UST operator is not an individual). The authorized representative must sign and date their signature. Electronic signatures are accepted and original wet ink signatures are not required. If the operator is an individual and not a company, the UST operator must sign the certification.

H. Potentially Interested Parties

This section **must** be completed to include the email address of the registered agent for any company listed on this form that is registered with the Indiana Secretary of State. UST Owners, UST Operators, and Property Owners may also include other interested parties, such as additional contacts at the company or contacts at an environmental consulting firm. IDEM will use these e-mail addresses, along with the owners and operators identified in sections above, to send out notices of deficiency or to respond to inquiries about this site.

I. LUST Incident Information

Enter any LUST Incident number (if applicable) and date the incident was reported in this section.

J. Financial Responsibility

Check all the boxes that apply to this facility.

K. UST Information

This section must be completed with the following information: the number of regulated tanks onsite. In the table you will put the tank number, capacity, substance last stored in the tank(s), construction material of the tank(s), installation date, date last used, proposed closure date and closure type. If the tank is part of a compartmented tank mark the yes checkbox.

If applicable, mark the yes checkbox indicating the required documentation is attached for in-place closure and state a justification in the space provided.

L. Piping Information

This section must be completed with the following information if piping is going to be removed during the closure of the UST system: piping number (associated with the number of the affiliated UST to be removed), length of piping run(s) to be removed or filled in-place, substance, construction material of the piping, install date, last used date, proposed closure date and closure type and the UST number it was associated with. If the piping was attached to a compartmented tank, select which compartment it was associated with.

M. Dispenser Information

This section must be completed with the following information if dispenser(s) are going to be removed/replaced during the closure of the UST system: dispenser number, product dispensed, install date, last used date, proposed removal date, replacement date (if applicable) and closure type.

Document Submittal Guidelines

Submit form to the USTRegistration@idem.IN.gov

Subject line: Intent to Close: FID # _____

Save Document: ITC_FID(insertnumber)_ (yyyymmdd)

- File names for electronic documents must not include any symbols, i.e.:
 - exclamation point (!), pound symbol (#), dollar sign (\$), percent sign (%), ampersand (&), asterisk (*), single quote/apostrophe (') or double quotes ("), at symbol (@), slash (/) or backslash (\)